

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Number: OR Correspondence address below							
Name							
Maria CornsTy							
Address 440 W. High St							
City			State				ZIP
Phoenixuelle			Pa				19-40
Country Telephone			Fax				
US 610-935			-3606 (same)				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor							
Given Name Family Name							
(first and middle [if any]) Din Hann Grash or Surname Grash							
Inventor's	(	<u></u>					Date
Signature . Duck	-a )	Just 1				/	8-13-64
Residence: City	State R	· 10	Count	ry U S		Citizen	AV .
Phoeniku (la	Ų	1÷	<u> </u>	4 >		·	کہ
Mailing Address							
CHO W. HIGH ST							
City Phoenixuela	State			ZIP	-i	10	Country U.S.
	• • •		T	<del>- [1</del>	140		0(, )
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) LaN. Ya Rose clark or Surname Rose Clark							
Inventor's Signature La Nusc	· Bose	Clark				,	Date \$ -13-04
Residence: City	State		Count			Citizen	•
Phoenyrila		PA		us		(	45
Mailing Address							
	41014	51					
City	State			ZIP		Country	у
Phoenirula		Ph.		194	40		45
Additional inventors or a legal representative are being named on thesupplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							